

02CV435

| RETURN OF SERVICE   |                     |                      |
|---|---------------------|----------------------|
| Service of the Summons and Complaint was made by me <sup>(1)</sup>  | DATE <b>7-23-02</b> |                      |
| NAME OF SERVER (PRINT) <b>DeWayne Brown, Jr.</b>  | TITLE               |                      |
| Check one box below to indicate appropriate method of service   |                     |                      |
| <input type="checkbox"/> Served personally upon the third-party defendant. Place where served: _____  |                     |                      |
| <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.<br>Name of person with whom the summons and complaint were left: _____   |                     |                      |
| <input type="checkbox"/> Return unexecuted: _____   |                     |                      |
| <input checked="" type="checkbox"/> Other (specify): <b>Certified Mail: #7001 0320 0001 4722 1763</b>   |                     |                      |
| STATEMENT OF SERVICE FEES   |                     |                      |
| TRAVEL  | SERVICES            | TOTAL <b>\$ 5.57</b> |
| DECLARATION OF SERVER   |                     |                      |
| I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.  |                     |                      |
| Executed on <u>7-29-02</u> <span style="margin-left: 100px;"><u>DeWayne B. Brown Jr.</u></span><br><span style="margin-left: 100px;"><i>Signature of Server</i></span>  |                     |                      |
| <span style="margin-left: 100px;"><u>1500 Darden Hill Rd, Driftwood, Texas 78619</u></span><br><span style="margin-left: 100px;"><i>Address of Server</i></span>  |                     |                      |
| <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">JUL 31 2002</div> <div style="font-size: 0.8em; margin-bottom: 10px;">CLERK, U.S. DISTRICT COURT<br/>WESTERN DISTRICT OF TEXAS</div> <div style="font-size: 0.8em;">BY <u>MR</u><br/>DEPUTY CLERK</div> |                     |                      |
| <div style="font-size: 2em; font-weight: bold;">2</div>   |                     |                      |

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Received by (Please Print Clearly) <u>V. Castillo</u> B. Date of Delivery <u>7-23-02</u><br>C. Signature <u>V. Castillo</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addres.<br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No |  |
| 1. Article Addressed to:<br><u>Conseco Finance</u><br><u>7800 IH 10 West, suite 200</u><br><u>San Antonio, Texas</u><br><u>78230-4749</u>  |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.   |  |
| 2. Article Number (Copy from service label) <u>7001 0320 0001 4722 1763</u>  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7001 0320 0001 4722 1763

| U.S. Postal Service<br>CERTIFIED MAIL RECEIPT<br>(Domestic Mail Only; No Insurance Coverage Provided)   |                |
|---|----------------|
| Postage   | \$ <u>1.52</u> |
| Certified Fee   | <u>2.30</u>    |
| Return Receipt Fee<br>(Endorsement Required)  | <u>1.75</u>    |
| Restricted Delivery Fee<br>(Endorsement Required)   |                |
| Total Postage & Fees  | \$ <u>5.57</u> |
| Sent To <u>Conseco Finance</u><br>Street, Apt. No.,<br>or PO Box No. <u>7800 IH 10 West, Suite 200</u><br>City, State, ZIP+4 <u>San Antonio, Texas 78230-4749</u> |                |

PS Form 3800, January 2001 See Reverse for Instructions